



The Electronic Health Record

Dr Joseph E. Bisordi
Chief Medical Officer
Geisinger Medical Center

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Agenda

- Geisinger Health System
- Our EHR
- Selected results to date
- Extending the EHR to patients
- Connecting with referring physicians and hospitals to serve a regional system of care



Geisinger Health System

- **Founded in 1915, the Geisinger Health System serves a 31 county, largely rural area of Northeast and North Central Pennsylvania with a population of over 2 million persons**
- **Population is**
 - Rural
 - Aging
 - Non-transient
 - 14% Medicaid

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Geisinger Health System

- Not-for-profit health system
- 650 salaried, employed physicians
- 41 community practice sites; ~200 primary care physicians
- Tertiary/quaternary care medical centers and specialty hospitals
- Geisinger Health Plan
 - 202,000 members
 - 7,000 empanelled physicians
 - 53 non-Geisinger hospitals
 - 40 PA counties
- Medical informatics (strategic commitment)




Our EHR History

- Arose from strategic planning process 1995
- First pilot site late 1996
- Roll out began mid-1997 (same day as the merger became official)
- Completed Primary Care Practices in 2000
- All specialties completed 2001-2002



Why an Electronic Health Record (EHR)?

- Clinical Communication
- Clinical data analysis for quality improvement and practice analysis, P4P
- Clinical decision support
- Cost Reduction



Geisinger's Electronic Health Record

- **EpicCare EHR**
 - Demographics, Results, All OP orders (CPOE), Provider documentation, Meds, history, problems, health maintenance, alerts, IP results and nursing documentation
 - Integrated scheduling, registration, and reporting systems
 - “Paperless” offices
 - Available all venues of care
 - All 800+ providers fully live as of end of 2002
 - 3M unique patients in the database
 - >6.7M total office visits documented in EpicCare as of January, 2005
 - In midst of IP CPOE and documentation implementation
- **Awards**
 - HIMSS CEO IT Achievement Award 2006
 - Healthcare's Most Wired Awards 1997, 2002, 2004
 - Wharton/Infosys Business Transformation Finalist 2002
 - Computerworld Premier 100 IT Leaders 2003
 - Infoworld 100 Best IT Projects of the Year
- **2005 Stats:**
 - 6M appointments
 - 1.4M Physician Office Visits
 - 1M Telephone encounters
 - >9000 users
 - Concurrent users: Average daily peak >5700
 - >8M Orders
 - 700K immunizations, injections, treatments
- **MyGeisinger-**
 - Web-access for patients to their EHR information, secure messaging, etc
 - 55,000 users
- **GeisingerCONNECT**
 - >600 Non-Geisinger providers



Our results so far

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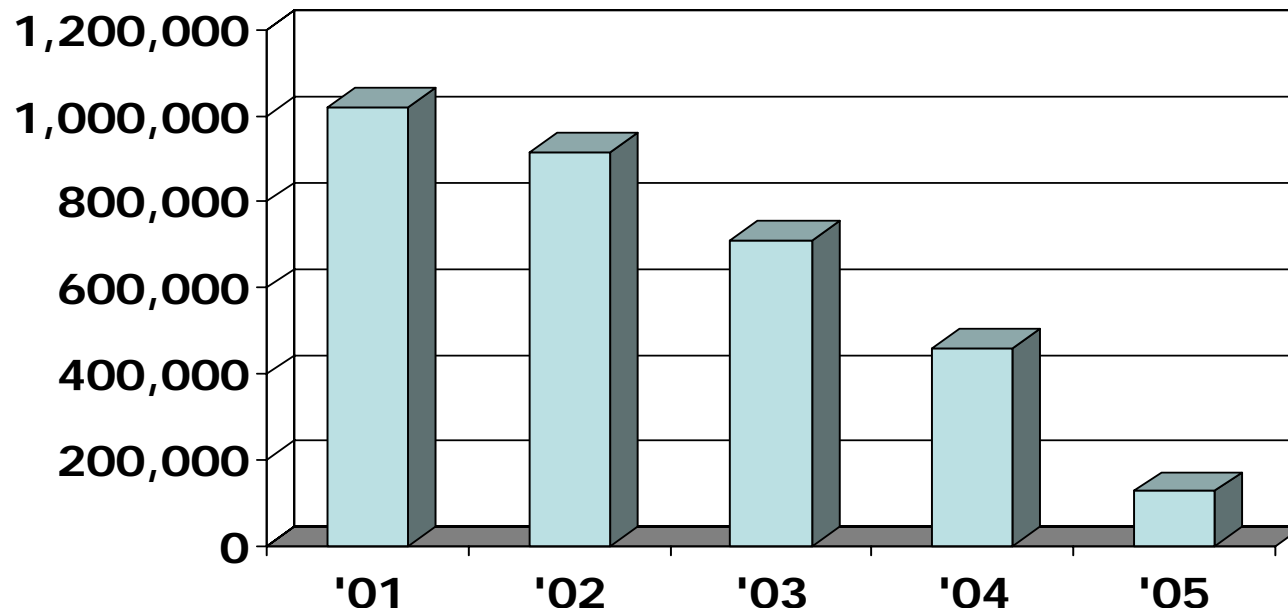


Reducing the cost of healthcare

- Paper record costs
 - Chart purchase, movement, maintenance
 - Filing, results printing and distribution
 - Transcription
 - > 80 departments with order forms
- Information transfer costs
 - Mailing, copying
- Data entry costs
 - Data entry clerks
 - Error reduction, rework savings
- New work flows and reduction of variation among clinics
 - Best Practices



Charts pulled from central Medical Records at GMC

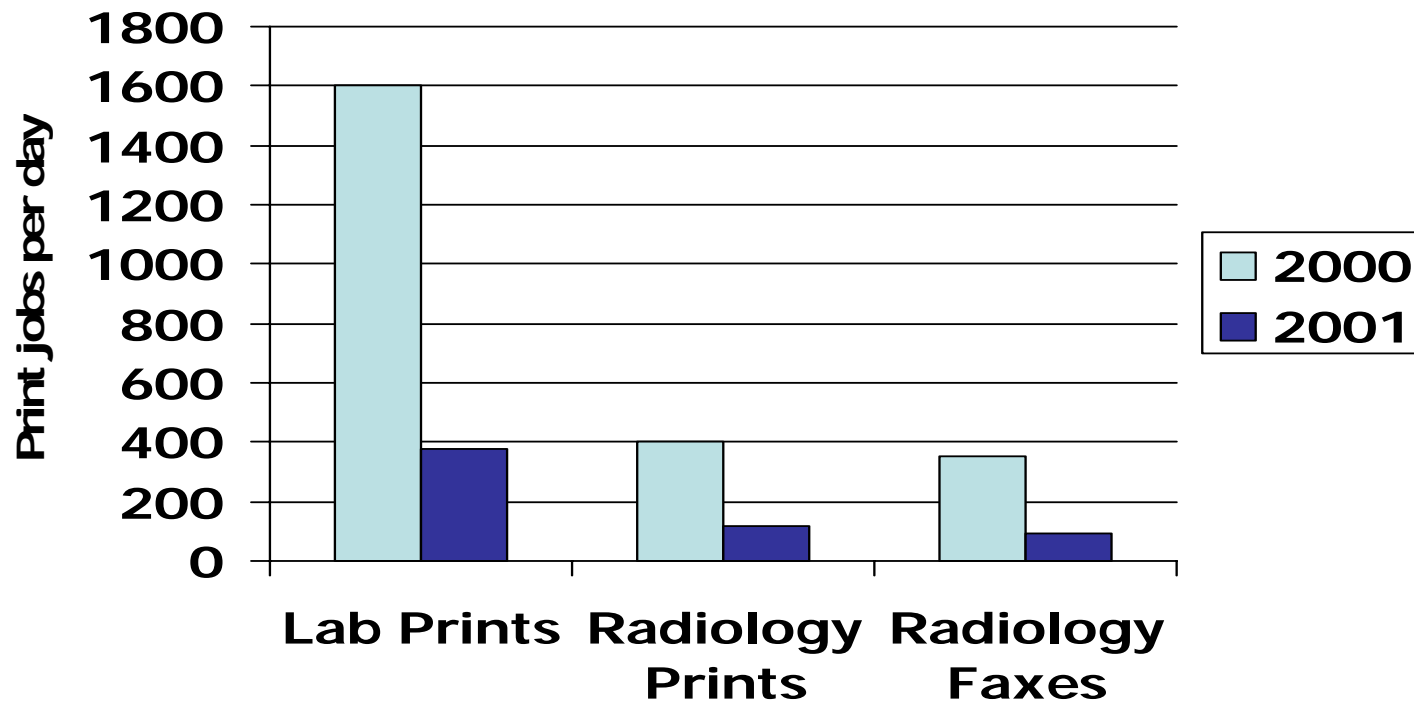


Fiscal Year

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Printing and Faxing



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372,000 fewer print jobs annually.



Effects of EpicCare's Alternate Medication Warnings on GHP Formulary Drug Usage

<u>Variable</u>	<u>EpicCare</u>	<u>Non-EpicCare</u>	<u>P value</u>
Costs per Rx	\$0.58±0.32	\$0.70±0.32	0.020*
Costs per patient per Qtr	\$2.74±1.01	\$3.45±1.47	0.001*

Equates to approximately \$1,000 savings per year per physician



Medicolegal & Regulatory Benefits

- Legible records!!!
- Standardized, consistent documentation
- Routing and co-signing of results, supervised visits, orders
- Ease of auditing for HEDIS, QI (no travel)
- Audit of access and enforcement of confidentiality policies



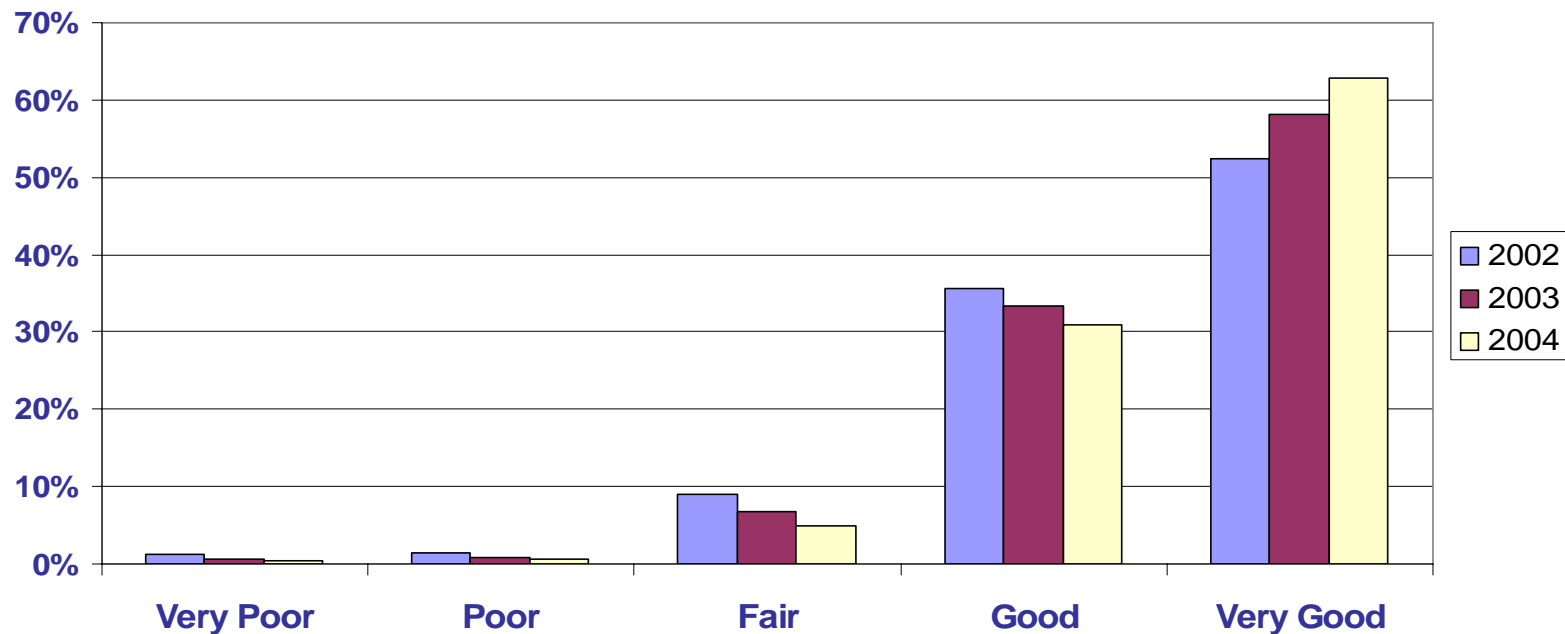
Decrease administrative burden

- Automated billing to GHP
- Provides clearer billing documents with all the required elements minimizing rework
- Assist physicians in proper coding (e.g. PAP tests)
- Improved documentation that can lead to more appropriate reimbursement
- Permitted identification of full morbidity information for HCC coding leading to better risk adjustment



Patient Satisfaction with EMR

Patient Rating of "Helpfulness of Computer in Exam Room"

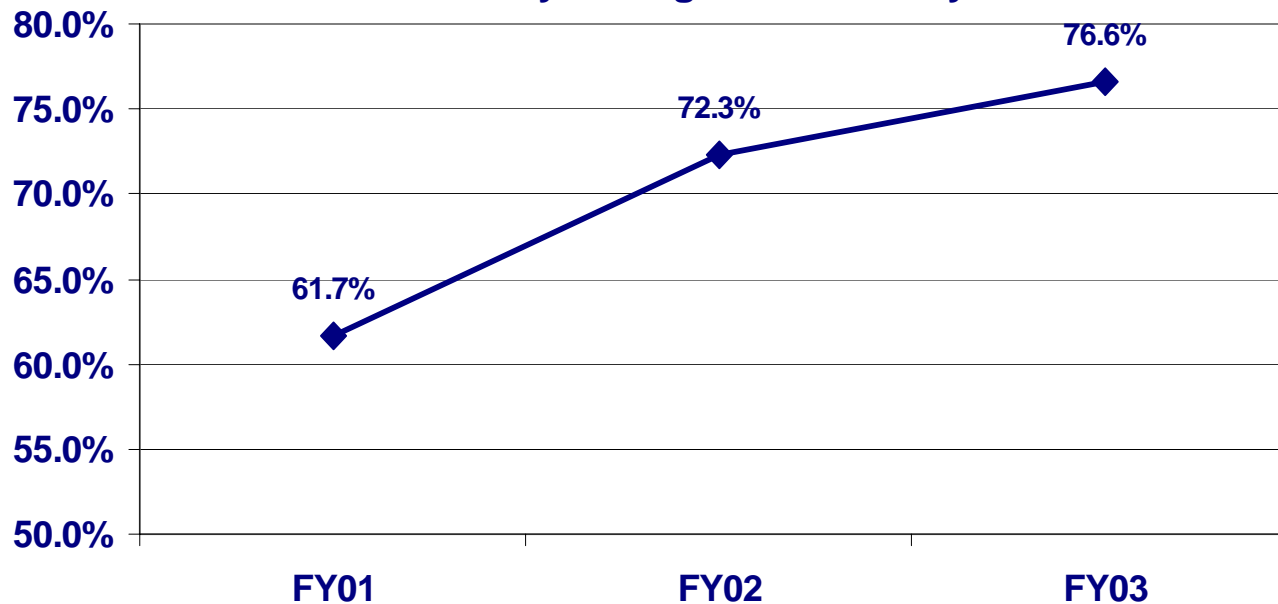


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Physician Productivity and the EHR

**Median Specialty-Specific Percentile Rank for RVU
Productivity in Large Clinic Survey**





Clinical Communication

- Information hand-offs notoriously ineffective among providers
- Paper kills!
- We collect the same info over and over on a patient
- Research shows that for more than 80% of office visits your physician is missing at least one important piece of information, and on average he is missing 4 important pieces of information
- This may be even more likely in the Medical Assistance population which may receive care in a more fragmented manner than others
- 11% of lab tests are repeated needlessly, only because the doctor didn't know that the test result was already available



Clinical Communication

- Within the Geisinger system
 - All clinics share same record
 - Information when and where it is needed
 - Available in all clinics, all IP floors, ORs, EDs
 - Secure home dial-up access for our physicians via VPN called
 - “Geisinger @Home”
- Secure, web-based access for our referring physicians outside the health system



Provider messaging within Geisinger's EHR

- We average about 60 electronic messages per day per person between departments (does not include intradepartmental communications)
- Incremental costs are essentially zero compared to old methods: phone calls, faxes, letters, and worst of all - no communication
- **Automatically** share clinic notes with referring and primary care providers (via the method they prefer) >2000 times a day



Geisinger Quality – Striving for Perfection

The Tools

IHI 100,000 Lives Project

Lean management

Pay-for-Performance

- Acute, episodic (e.g., CABG, joint replacement, cataract surgery)
- Chronic disease (CMS demonstration project)

Patient engagement in care

Geisinger Quality Institute

The Metrics

In-Patient and out-patient dashboards – presented to Board quarterly

Quality Budget

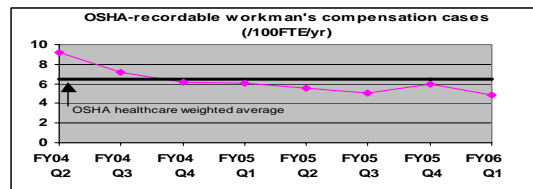
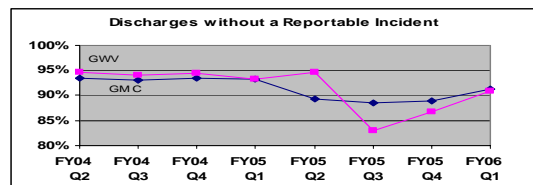
Linked to dashboards

Managed to and incented

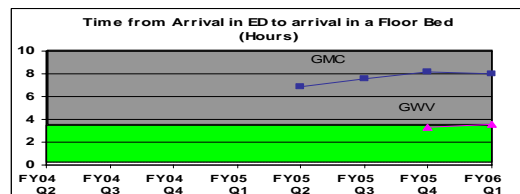
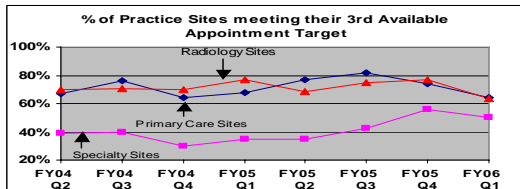


Quality Dashboard – System Level

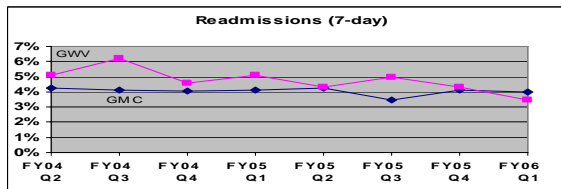
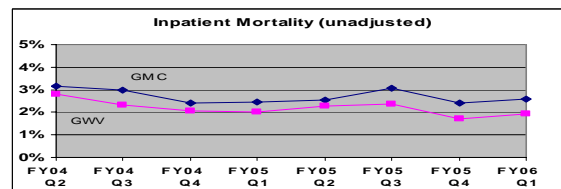
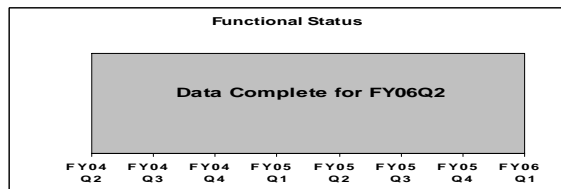
Safety



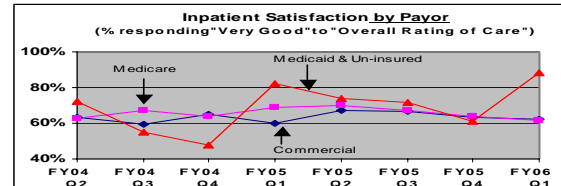
Timeliness



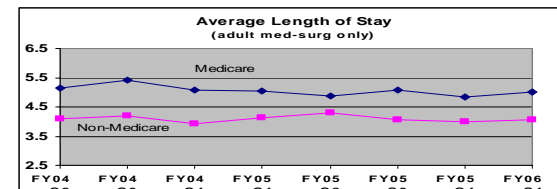
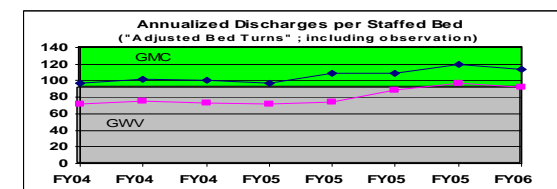
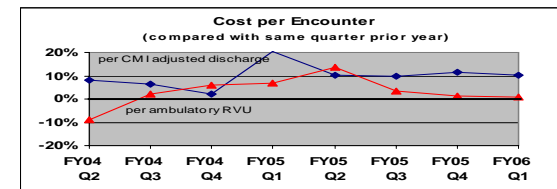
Effectiveness



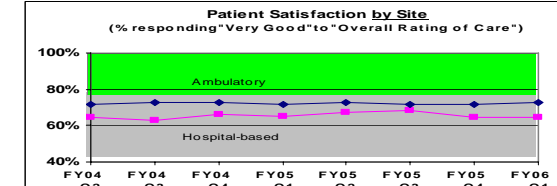
Equity



Efficiency



Patient-Centeredness



Diabetes “Bundle”

Measures	GHS Quality Targets				
	Performance Criteria			Standard	CPSL FY07
HgbA1C measurement	Every 6 months			100%	X
HgbA1C control	< 7	7 to 9	>9	< 7.0	X
LDL measurement	Yearly			100%	X
LDL control	< 100	<130	>=130	< 100	X
Blood pressure control	< 130/80	< 140/90	>=140/90	< 130/80	X
Retinal exam	Yearly			100%	
Urine (protein) exam	Yearly			100%	X
Foot exam	Yearly			100%	
Influenza immunization	Yearly			100%	X
Pneumococcal immunization	Once*			100%	X
Smoking status	Non-smoker			100%	X
Use of ACE/ARB for microalbuminuria/DM nephropathy	Yes			100%	
Use of ACE/ARB for hypertension	Yes			100%	
Patients who receive/achieve ALL of the above	Yearly			100%	X

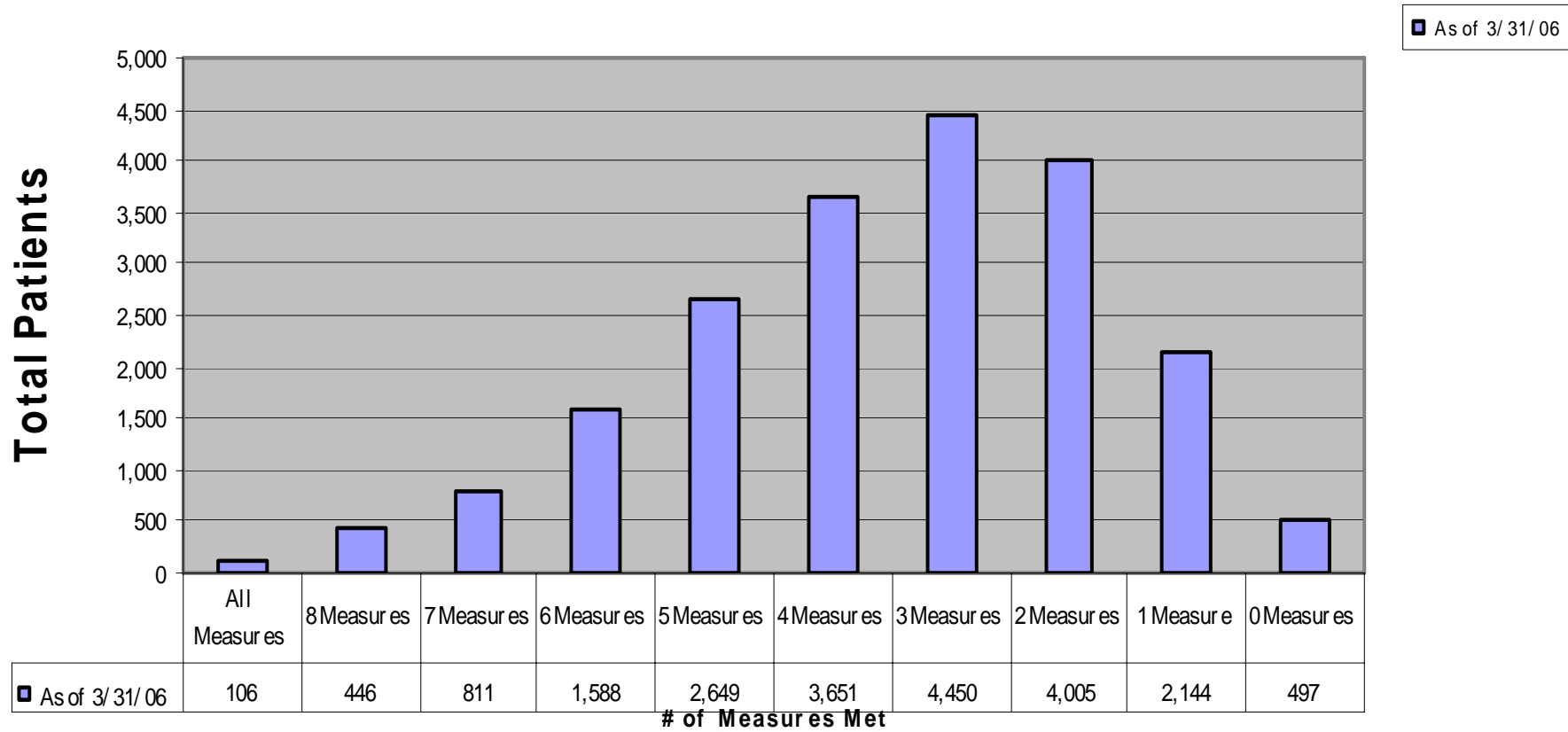
Diabetes Profile Report by Dept

Reporting Period:
11/1/2004 to 10/31/2005

PROVIDER / DEPT	# Diabetes Patients	DIABETICS W A1C ORDER	% PTS W/ MOST RECENT A1C<7	% PTS W/ MOST RECENT A1C 7.1 TO 9.0	% PTS W/ MOST RECENT A1C >=9	% PTS W/ MOST RECENT A1C W/ NO VALUE
Centre						
BELLEFONTE	540	96.7%	45.9%	30.9%	9.1%	14.1%
FAM PRAC SCENERY PARK	544	89.0%	42.1%	30.0%	10.8%	17.1%
GEN INT MED SCENERY PARK	424	91.5%	52.1%	30.2%	6.4%	11.3%
Family Med/GIM MoValley	1,270	87.8%	50.1%	27.8%	6.1%	16.0%
PATTON FOREST	443	91.2%	45.6%	35.9%	6.3%	12.2%
Centre (weighted avg)		90.4%	47.7%	30.1%	7.5%	14.7%



CPSL Diabetes Care Bundle Summary



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Tools that make it easy to manage chronic disease- Diabetes “SmartSet”

SmartSet - GHS DIABETES SMARTSET

Association Primary Dx Edit Item Favorite Pharmacy Questionnaire Health Maint Accept/Per

Diabetic Orders (per GHS Diabetic Bundle Items - Updated 3/06)

- ☐ Quick Orders (multiple)
 - ☐ Drawing Fee (if applicable)
 - ☐ HgbA1c - Today
 - ☐ LDL (Direct) - Today (patient does NOT need to be fasting)
 - ☐ Lipid Panel - Today (patient must be FASTING)
 - ☐ Urine Microalbumin - Today (q 12 months is standard)
 - ☐ Diabetic Foot Exam - (Check box if foot exam done in office today)
 - ☐ Smoking Cessation - (Check box if counseled on this today)
- ☐ Future/Standing Diabetic Orders for Next 12 months (multiple)
 - ☒ Drawing Fee (if applicable) - Count 4
 - ☒ HgbA1c (q 3 mos x 12 mos) - Count 4
 - ☒ HgbA1c (q 6 mos x 12 mos) - Count 2
 - ☒ Lipid Panel - Fasting (q 6 mos x 12 mos) - Count 2
 - ☒ Urine Microalbumin (q 12 months is standard) - Count 1
 - ☒ Direct LDL - Non-Fasting (q 6 months x 12 mo) - Count 2
- ☐ Immunizations (multiple)
 - ☐ Vaccine - Adult Flu
 - ☐ Vaccine - Adult Pneumovax (once as an adult then revaccination > 65 years)
- ☐ Referrals/Consults (Right Click to Edit) (multiple)
 - ☐ PRE-FILLED - Consult - Podiatry (q 12 mos is standard)
 - ☐ PRE-FILLED - Consult - Ophthalmology (q 12 mos is standard)
 - ☐ Consult - Dietary
 - ☐ Consult - Diabetic Nurse Educator

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Geisinger Health System
Family Practice, Bellefonte
819 E BISHOP ST
BELLEFONTE, PA 16823
814-355-9743

4/28/2006

Abigail L. George
1729 W Splenda St
Bellefonte, PA 16823

Dear Ms. George,

This letter is being sent to you by your Primary Care Provider (PCP) to help you manage your Diabetes better.

- 1) You should have **blood work** done at least **TWICE YEARLY** (maybe more) to watch your **Hemoglobin A1C** (a 3 month average of your blood sugars) and your **Cholesterol**.
- 2) You should have your **urine** checked **YEARLY** to watch for kidney damage. Diabetes can cause kidney failure which could require you to need frequent dialysis.
- 3) You should see an **Eye Doctor** and a **Foot Doctor YEARLY** to prevent diabetic blood vessel complications that could lead to blindness or to limb amputation.
- 4) A **Flu Shot** (between October and March) is recommended **YEARLY**. A **Pneumonia Shot** is recommended **at least once in a lifetime**, and once after age 65 years old.
- 5) Make sure your **Blood Pressure** is controlled (less than 130/80). Home BP monitoring with a Blood Pressure cuff of your own is an excellent idea for diabetics.
- 6) If you **smoke**, then you **must stop** to prevent heart attacks and strokes. A good start is by calling Pennsylvania's Free Quitline, **1- 800 QUIT NOW** (1-800-784-8669).
- 7) Don't forget that **exercise**, at least 3 times a week should be thought of as being as important as a medication to a diabetic. This has beneficial effects on the heart and the blood sugars!

Your personalized "**Personal Diabetic Report Card**" is on the following page to assist you in managing the above measures.

We appreciate your partnership in the management of your health, and we thank you for entrusting Geisinger Health System as a part of your health care team!

Personal Diabetic Report Card: Abigail L George

4/28/2006

Below is a summary of relevant Diabetes values that we feel could help you manage your health better. Feel free to discuss this with your care provider.

HEMOGLOBIN A1C

Your most recent Hemoglobin A1c values are:	HEMOGLOBIN, A1C(%)		Value	Status
	Coll	Dt/Tm Resulted		
	3/2/06	11:23A 3/2/06	6.6*	FINAL
	11/21/05	4:21P 11/22/05	8.7*	FINAL

The above values should be **LESS than 7 (<7)**. If these are more than 7 then you have a higher chance of having eye, kidney, and heart problems in the future.

CHOLESTEROL

Your most recent LDL cholesterol (bad cholesterol) results are:	LDL (CALCULATED)(mg/dL)		Value	Status
	Coll	Dt/Tm Resulted		
	11/15/05	8:20A 11/15/05	110	FINAL

The above values should be **LESS than 100 (<100)**. If these are consistently higher than 100, then your chance for heart attack and stroke increases yearly.

BLOOD PRESSURE

Your most recent Blood Pressure readings are:	Last 3 BP Readings:	
	Date:	BP:
	04/28/2006	100/60
	04/25/2006	140/80
	03/02/2006	124/80

The above values should be **LESS than 130/80**. Contact me if your readings at home are consistently higher than this.

URINE PROTEIN

Your most recent Urine Microalbumin test(s) (Urine Protein test) are:	MICROALBUMIN RATIO(ug/mg creat)		Value	Status
	Coll	Dt/Tm Resulted		
	11/28/05	9:16A 11/28/05	77*	FINAL

The above values should be **LESS than 30**. If this value is consistently more than 30, your chances for kidney problems increases yearly.

You may go to www.mygeisinger.org and register to receive all of of the above information electronically via the internet. Ask our friendly front office staff about how.

David Keith Butler, MD

Health Maintenance Reminders & Best Practice Alerts

Epic Hyperspace - FAM PRAC BELLEFONTE - GHS Production - DAVID KEITH BUTLER

Desktop Action Options Reports Tools Help

Back Forward Home Sched In Basket Send Msg Review Encounter Tel Enc Hospital Chart Pt Lists Secure/Stay Print Secure

Home

Age Sex DOB MRN Allergies PCP Alert INS MyGeisinger
46 yea F 2/22/1960 No Known Allergies BUTLER, DAV * HM, Alert PENNA M A I * Sign Up

Chart Review
SnapShot
Results Review
Flowsheets
Graphs
Problem List
History
Letters
Demographics
Doc Flowsheets
Growth Chart
Allergies
Medications
Order Entry

Health Maintenance Close X

Override Cancel Change HM Plan Report

Due Date	Procedure	Date Satisfied	Date Satisfied	Date Satisfied
02/22/1978	DIABETES-PNEUMONIA VACCINE			
11/28/2006	DIABETES-EYE EXAM	11/28/2005		
11/14/2006	DIABETES-FLU VACCINE, YEARLY	11/14/2005		
03/02/2007	DIABETES-FOOT EXAM	03/02/2006		
09/02/2006	DIABETES-HGBA1C EVERY 6 MONTHS	03/02/2006	11/22/2005	02/23/1997
11/15/2006	DIABETES-LDL EVERY 12 MONTHS	11/15/2005		
11/28/2006	DIABETES-URINE MICROALBUMIN EVERY 12 M	11/28/2005		
10/28/2006	MAMMOGRAM-YEARLY, AGES 40-75	10/28/2005-DONE		
11/21/2006	PAP SMEAR, YEARLY	11/21/2005		

→ Procedure Overdue ⚠ Procedure Due On ! Procedure Due Soon

Change HM Plan

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Patients' management of their chronic disease and preventive care via MyGeisinger

MyGeisinger.org

Your online health management tool

May 01, 2006, Maria Zasp

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[Request Medical Advice](#)
[Non-Medical Message](#)

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[Request Appt](#)
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[My Info/Change Address](#)
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Health Reminders
[Printer Friendly Page](#)

The following Health Reminders are recommended for people of your age, gender, and medical history. **If the procedures and dates are different from what your doctor has discussed with you, please follow your doctor's recommendation.**

If you want to find previous dates that health reminders were completed, click date Last Done.

Schedule	Name	Due Date	Status	Last Done
<input type="checkbox"/>	DILATED EYE EXAM (PERFORMED BY AN EYE DOCTOR)	03/06/1968	Overdue	
<input type="checkbox"/>	URINE MICROALBUMIN (URINE PROTEIN)	03/06/1968	Overdue	
<input type="checkbox"/>	DIABETIC FOOT EXAM (AT LEAST EVERY 12 MONTHS)	03/06/1968	Overdue	
<input type="checkbox"/>	PNEUMONIA SHOT (ONCE IN A LIFETIME, MINIMUM)	03/06/1968	Overdue	
<input type="checkbox"/>	HEMOGLOBIN A1C (3 MONTH BLOOD SUGAR AVERAGE)	03/06/1968	Overdue	
	Mammogram-yearly, Ages 40-75	07/07/2006		07/07/2005
	DILATED EYE EXAM (PERFORMED BY AN EYE DOCTOR)	10/01/2006		
	LDL CHOLESTEROL (BAD CHOLESTEROL)	01/28/2007		01/28/2006
	Pap Smear (Every 2 Years)	02/13/2008		02/13/2006

To request an appointment for one of the procedures listed above, check in the schedule column and click **Schedule**.

Schedule

My Notes:
[Add](#) [Edit](#)

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Clinical Decision Support

- **Make it easier to do the right thing than the wrong thing**
- Just-in-time reminders
- Analysis of multiple data elements at once (PMH, med use, lab result trend, allergy)
- Incorporation of complex algorithms and guidelines into care process



Clinical Decision Support

- Health maintenance reminders
 - Automatic (e.g. driven by age & gender)
 - Assigned by provider (e.g. high risk for flu, diabetes)
- Templated notes, visits (SmartText, SmartSets) built around guidelines
- Drug-drug, drug-allergy checking
- Results alerts (abnormal, panic, etc)



Clinical Decision Support

- Formulary and medical necessity checking
- Procedure advice
- Medication and order sets
- Drug recalls
- Vaccine recalls
- Best Practice Alerts



Example of a Clinical Decision Support Alert: Aspirin in Coronary Heart Disease

- Reminded physicians to prescribe aspirin to patients with a history of coronary artery disease
- In 3 months before alert we saw 6798 patient with coronary heart disease at 21 clinics
- 2139 were not on aspirin
- Within 2 months of enabling the alert, 1242 additional patients were on aspirin, including 79% of those initially not on aspirin who had a contact with the clinic in the 2 months after the BPA enabled
- Estimated 25-62 major vascular events (heart attack, stroke) prevented in next 6-24 months



- **Web-based access for patients to their own medical record information**
 - Histories & Problems
 - Medications & Allergies including renewal requests
 - Lab Results
 - Messaging with their clinic
 - Appointments-past & future
 - Request referrals
 - Submit changes in registration info
 - Check timing for preventive services and request appt
- **55,000 users- 10% are Medicaid recipients**

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March 01, 2005

Print Feedback Help

Features

Requirements

How To Register

Geisinger.org



Your online health management tool

A Convenient Connection to Your Doctor

MyGeisinger helps you to meet your health care needs quickly and conveniently by providing a secure, confidential and efficient way to view your health information while at home, work or anywhere you have internet access.

What's New?

Coming in Spring 2005, you will be able to directly schedule appointments with your primary care doctor. Watch for "Schedule Appointment" located in the left navigation bar after accessing your medical record.

Login:

User ID:

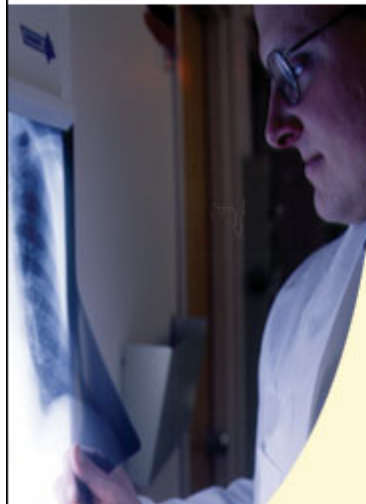
Password:

[Login](#)

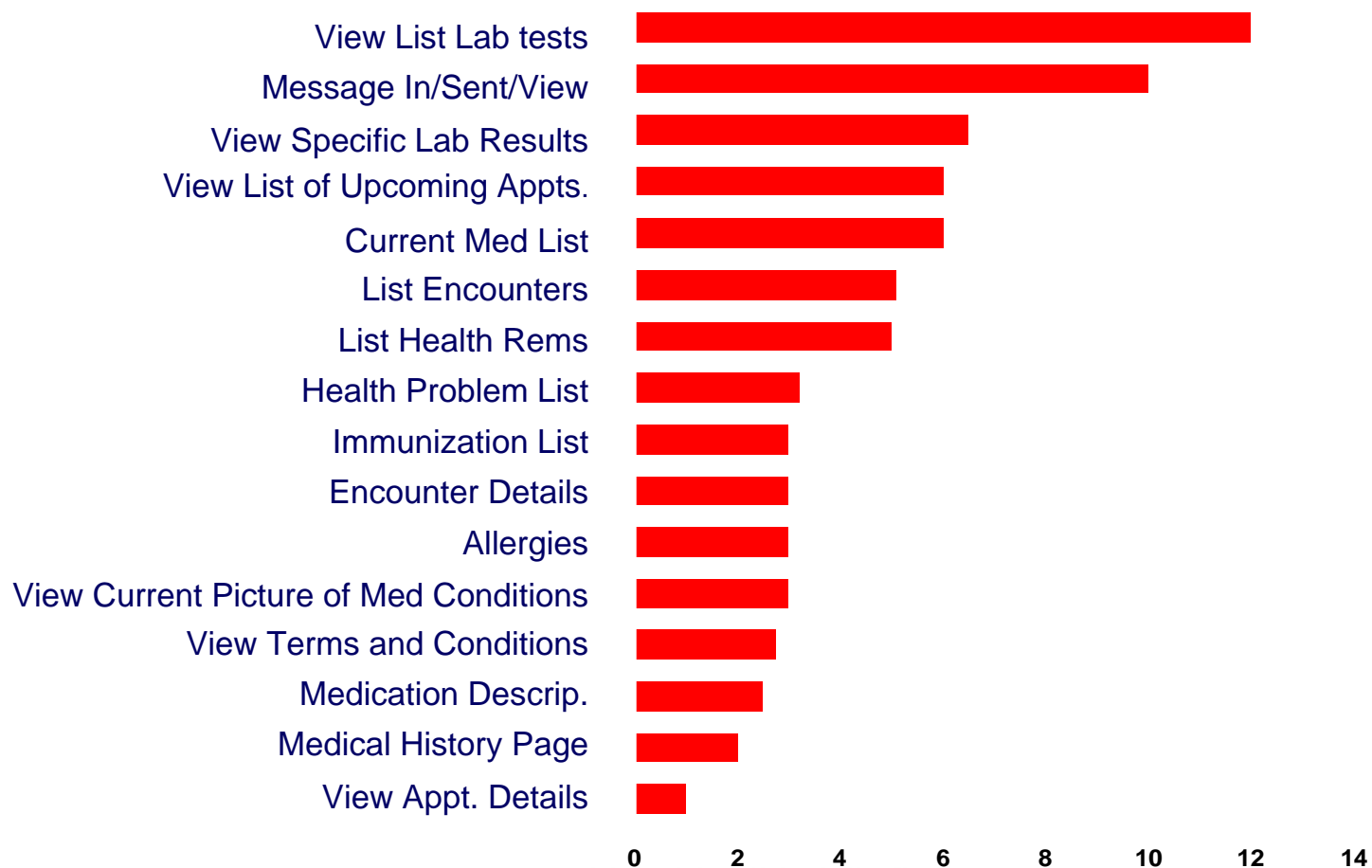
[Forget Your Password?](#)
[Forget Your UserID?](#)

First Time User?

[Register Now](#)



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Medical Advice Messages

- If I did not have the ability to send my physician a
- medical advice electronic message I would:
 - “Call the physician office” 82%
 - “Call for an appointment” 11%
 - “Wait for my next appointment” 2%
 - “Do nothing” 2%
 - “Other” 3%

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HEALTHCARE PROFESSIONALS

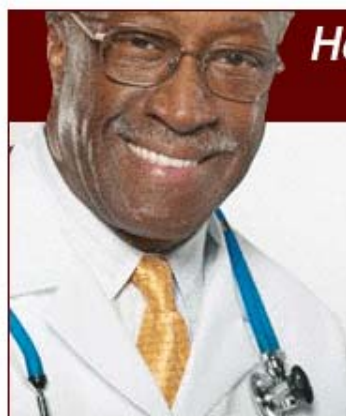
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Healthcare Professionals

- RESIDENCY
& FELLOWSHIPS
- CME CALENDAR
- REFERRING A PATIENT
- CLINICAL TRIALS

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Your Partner in Patient Care

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News

Berger named Associate Chief Research Officer
Peter B. Berger, MD, has been named associate chief research officer for clinical studies for Geisinger Health System...[More](#)

Geisinger to open state-of-the-art Sports Medicine Center
Geisinger will open its new Sports Medicine and Rehabilitation

Research

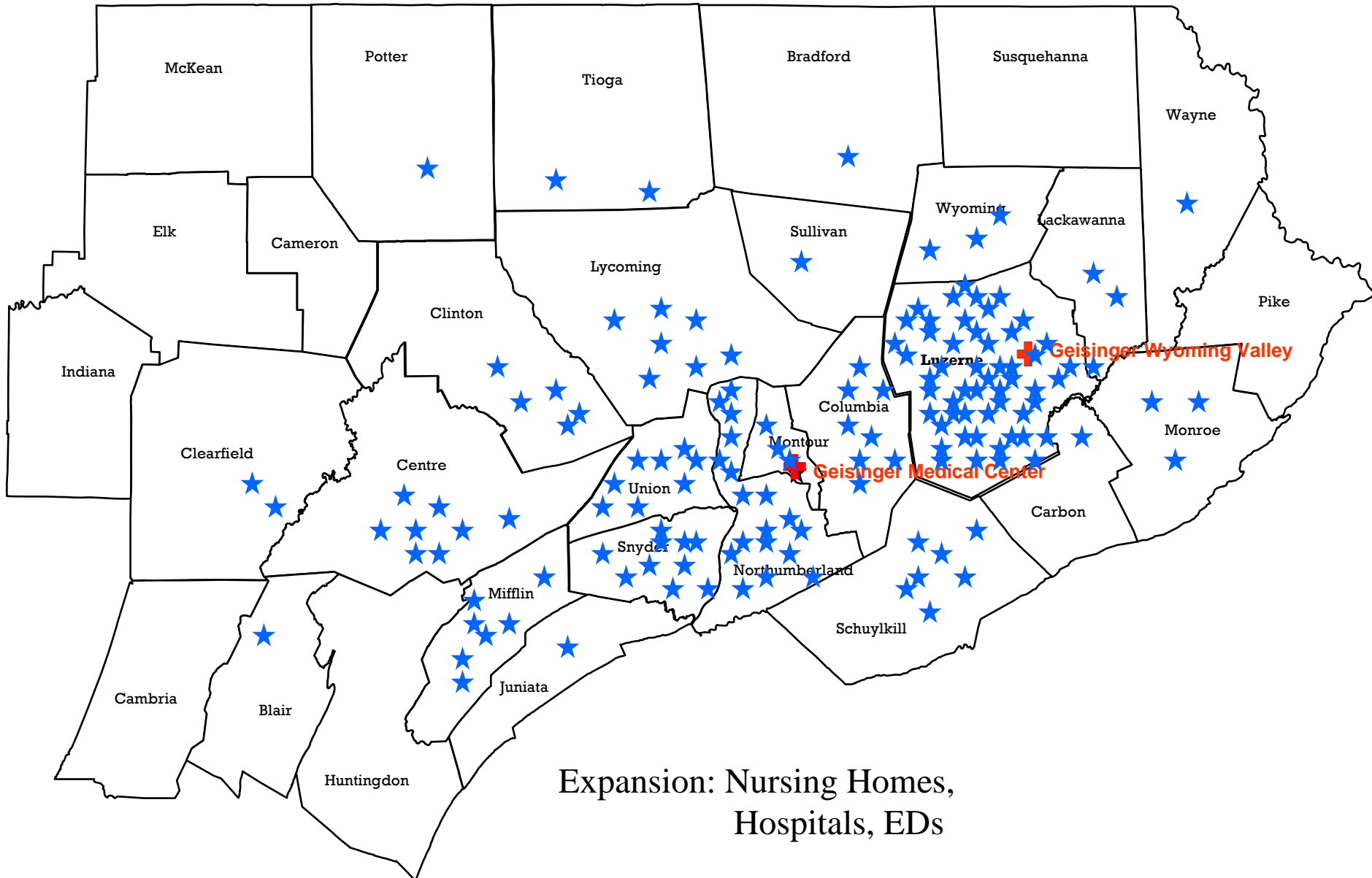
[Center for Health Research & Rural Advocacy](#)

[Sigfried & Janet Weis Center for Research](#)

[Career opportunities in research](#)

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Community Physician Practices Online with GeisingerConnect





Extending the technology further

- Geisinger has made an investment of more than \$80M in developing its EHR
- We have worked to make our EHR information available to our non-Geisinger referring physicians and hospitals
- We are leading a collaborative effort to form a RHIO in our area
- But RHIOs are about connecting those with electronic health information
- Small rural hospitals and private physicians, especially those providing care in underserved areas, do not have the resources or access to critical expertise needed to implement EHRs
- We need government to provide incentives for implementation and to remove barriers for private sector collaboration



Role of government

- Continue present efforts as outlined by Office of the National Coordinator for Health Information Technology and the American Health Information Community, and others
- Narrow the “digital divide” to assure that all Americans can share in the health benefits of electronic connectivity
- Provide a regulatory environment that encourages collaboration among providers and leverages the successes of systems that have pioneered EHRs and HIT



The Information Rich vs The Information Poor

- Americans are increasing “connected”
- Healthcare information technology, including electronic interaction between patients and their providers, offers significant opportunities to enhance efficiency, access and quality of care
- But there is a digital divide between the information rich (white, Asian/Pacific Islanders, more education, higher income, urban) and the information poor (certain minorities, less education, lower incomes, rural and central cities) that parallels a similar divide in access to quality healthcare
- There is also a digital divide between large health systems and smaller facilities and practitioners, especially in rural areas
- Efforts to narrow these gaps will reap benefits in healthcare



Regulatory barriers

- Stark and Anti-kickback regulations remain a barrier for large private, not-for profit health systems like ours who would be willing to collaborate or donate EHR technology and expertise to others
- The proposed revisions are a step in the right direction, but do not go far enough
- For example, even under the proposed revisions we would be precluded with donating some or all of this technology to other hospitals, to physicians who are not members of our group practice or on the staff of our hospitals
- It is our assessment that existing IRS regulations also inhibit our ability as a not-for-profit to donate EHR technology and this has not been addressed by government



Summary

- Geisinger has led the way nationally in development of electronic health records
- Our results to date have met our goals of
 - Enhancing clinical communication
 - Improving care
 - Providing decision support
 - Reducing the cost of healthcare
- We are connecting with our patients electronically in large numbers including Medicaid recipients
- We are using the EHR to connect with referring physicians
- We are leading the effort to develop collaborative regional healthcare information organizations
- We need government to continue its efforts to develop standards, provide incentives and remove barriers to extending this technology to others